

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M - 6	49	2/15/00
O.I.P.E. CLASSIFIER			2/29/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S8	5000	

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here